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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\*** *yes 742 12/9/04*  
 This appln claims benefit of 60/276,981 03/19/2001

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *none 742 12/9/04*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 04/24/2002**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>742 12/9/04</i> Examiner's Signature Initials	STATE OR COUNTRY MN	SHEETS DRAWING 14	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 5
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**ADDRESS**  
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**TITLE**  
 Dispenser assembly including a rotating dispensing carousel

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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